



Carlos A. Gimenez, Mayor
www.miamidade.gov

**Public Housing and Community Development
Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750
Miami, FL 33152-1750
TTD/TTY Florida Relay Service
1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893
Si necesita ayuda con este formulario, llame al 305-403-3222
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REQUEST FOR RENT INCREASE / DECREASE

1. TO BE COMPLETED BY PROPERTY OWNER (PLEASE PRINT OR TYPE)

Tenant's Name _____

Rental unit address _____ Unit # _____

City _____ State _____ Zip Code _____

Phone # _____ MDHCV Client # (if known) _____

Owner's Name _____ TIN or SSN _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

Cell _____ Email _____ Vendor # _____

I am hereby requesting (a) rent increase or (b) decrease on the above rental unit based on the following justification. (In the space below highlight any improvements made to the property, added amenities, etc. Please provide requested overall unit characteristics and amenities below. Do not list maintenance items caused by regular wear and tear.)

(Please check one of the following) ☐ Rent Increase ☐ Rent Decrease

HAP Contract Anniversary Date _____

Current Rent _____

Requested Rent _____

Proposed Effective Date _____

GENERAL UNIT INFORMATION

No. Bedrooms _____ No. Bathrooms _____ Full ☐ 1/2 Unit Size _____ square feet

BUILDING TYPE _____ Check here if Condo ☐

☐ Single Family Detached ☐ Duplex/Triplex/Fourplex ☐ Rowhouse/Townhouse ☐ Manufactured ☐ High Rise

☐ Low Rise (including garden/walkup) ☐ Single Room Occupancy ☐ Independent Group Residence

AMENITIES AND SERVICES INCLUDED IN RENT

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Stove | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Lawn Care | <input type="checkbox"/> W/D Hookups |
| <input type="checkbox"/> Washer/Dryer in Unit | <input type="checkbox"/> Washer/Dryer in Complex | <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Gated Community | <input type="checkbox"/> Central Air | <input type="checkbox"/> Window/Wall A/C Unit | |
| <u>Heat Source</u> | | | |
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Window/Wall | <input type="checkbox"/> Space |

1. The cost of amenities can be included in the requested rent amount. These amenities will be taken into consideration for making the rent determination. The tenant cannot be charged a separate fee for these amenities if they are included in the rent. **The tenant should not enter into any additional agreement for these amenities.** If the rent determination shows that the tenant does not have enough income to support the rent plus amenities, the rent request will be denied.
2. Tenants can choose to pay for an amenity on their own so long as the cost of the amenity is not part of the rent. Any agreement signed by the tenant for amenities must have the same termination date as the lease and cannot state that the fee is considered additional rent. This agreement must be disclosed to the HCV program. The HCV program does not assume responsibility for failure of tenant to comply with any provision of the amenities agreement. **Tenant is advised to carefully consider the burden of an additional expense before entering into an agreement.**

PARKING

- ☐ ____ Car Carport ☐ Assigned ☐ ____ Car Garage ☐ Street ☐ Unassigned ☐ None
- ☐ Driveway ☐ Open ☐ Covered

EXTERIOR

- ☐ Balcony ☐ Patio ☐ Deck ☐ Porch

UNIT QUALITY

- ☐ A. Newly constructed or completely renovated
- ☐ B. Well maintained and/or partially renovated
- ☐ C. Adequate, but some repairs may be needed soon

To the best of my knowledge the information above is correct.

Owner's Signature

Date

2. TO BE COMPLETED BY TENANT

I understand that due to the above rent increase/decrease requested by the owner, my rent may be adjusted higher or lower. This is in addition to other adjustments due to changes in income and/or family composition reported at my annual recertification.

Tenant's Signature

Date

3. IMPORTANT NOTICE

- Owners should review the area rental market prior to requesting an adjustment to the contract rent. The rent reasonableness analysis to be conducted by MDHCV may yield results equal, higher, or lower than the current contract rent.
- MDHCV may limit and/or deny rent increase requests due to funding availability or restrictions.
- Request for rent increases must be requested at least 60 days before the anniversary of the lease for the new rent to be effective on the anniversary date. A late request will be processed, but will be effective on the first of the month 60 days subsequent to the request date, and will not be applied retroactively.
- MDHCV may require Owners of multi-unit rental projects to provide a rent roll.
- MDHCV shall not grant a rent increase unless the Owner has complied with obligations under the HAP contract, including compliance with the HQS for all contract units.